

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90119 011 \*\*\*150.00

DOCUMENT # P00000067048

1. Entity Name

FLORIDA CRUISE CONNECTION, INC.

Principal Place of Business

ONE RIVERWAY - SUITE 500  
HOUSTON TX 77056-1921

Mailing Address

ONE RIVERWAY - SUITE 500  
HOUSTON TX 77056-1921

2. Principal Place of Business

31 Sarasota Center Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Zip

34242

Country

USA

Country

4. FEI Number

76-0649409

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
BELL, LINDA  
STREET ADDRESS ONE RIVERWAY - SUITE 500  
CITY-ST-ZIP HOUSTON TX 77056-1921

TITLE ☐ Delete  
NAME D  
LONGO, ROBERT E  
STREET ADDRESS ONE RIVERWAY - SUITE 500  
CITY-ST-ZIP HOUSTON TX 77056-1921

TITLE ☐ Delete  
NAME D  
GALLAGHER, FRANK P  
STREET ADDRESS ONE RIVERWAY - SUITE 500  
CITY-ST-ZIP HOUSTON TX 77056-1921

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME DVPS  
Robert E. Longo  
STREET ADDRESS One Riverway, Suite 500  
CITY-ST-ZIP Houston, TX 77056

TITLE ☒ Change ☒ Addition  
NAME DCEO  
Frank Gallagher  
STREET ADDRESS One Riverway, Suite 500  
CITY-ST-ZIP Houston, TX 77056

TITLE ☐ Change ☒ Addition  
NAME ACS  
Shayne Rosecrans  
STREET ADDRESS One Riverway, Suite 500  
CITY-ST-ZIP Houston, TX 77056

TITLE ☐ Change ☒ Addition  
NAME T  
Stephanie Reyes  
STREET ADDRESS One Riverway, Ste 500  
CITY-ST-ZIP Houston, TX 77056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shayne Rosecrans Shayne Rosecrans H10-01 713-888-1104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)